

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF

Kevin Gallagher

DEPENDANT

Public Defender of DuPage County, et al.

COURT CASE NUMBER

08C1424

TYPE OF PROCESS

S/C

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

LaHanda Allen PUBLIC DEFENDERS OFFICE

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

AT

505 N. COUNTY FARM RD. WILKATON, ILL 60187 P.D. OFFICE

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Kevin Gallagher  
1450 Joliet Street  
Dyer, In 46311Number of process to be  
served with this Form - 285

1

Number of parties to be  
served in this case

4

Check for service  
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All  
Telephone Numbers, and Estimated Times Available For Service):  
Fold

FILED

JUN 12 2008 YM

6-12-2008

MICHAEL W. DOBBINS

CLERK, U.S. DISTRICT COURT

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

DATE

03-24-08

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total  
number of process indicated.  
(Sign only first USM 285 if more  
than one USM 285 is submitted)

Total Process

3 of 4

District  
of Origin

No. 24

District  
to Serve

No. 24

Signature of Authorized USMS Deputy or Clerk

Td

Date

03-24-08

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described  
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

JAFAN (HARVEY) INVESTIGATION

☐ A person of suitable age and dis-  
cretion then residing in the defendant's  
usual place of abode.

Address (complete only if different than shown above)

Date of Service

6/3/08

Time

3:31 PM

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges  
(including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal or

Amount of Refund

One Service Fee Charged Same Case + Location.

REMARKS:

1 BUSM

2 HOURS

60 miles RT

See process sheet # 1 for charges